

## Comparing Plan Benefits

This table summarizes benefits under the dental plans. Refer to your employee handbook for coverage details.

PLAN BENEFITS	DELTA DENTAL PLAN		PACIFICARE DENTAL PLAN
	<i>DPO Network</i>	<i>Out-of-Network</i>	
Your Plan Year Deductible	\$0	\$50 individual \$150 family	\$0
Maximum Plan Year Benefit	\$2,000 per person	\$1,000 per person	\$0
Preventive Treatment (oral examinations, teeth cleanings, x-rays)	100%*	100%** (deductible doesn't apply)	100%
Routine Treatment (fillings, extractions, treatment of gum disease)	80%*	80%**	100%
Major Treatment (crowns, bridges, dentures)	80%*	80%**	100%
Emergency Treatment	80%*	80%**	Contact your assigned dental office. If your condition prevents you from doing so, you must receive care from a licensed dentist. Your reimbursement will be subject to applicable copayments.
Dental Accident	100%	100% (deductible doesn't apply)	100%
Orthodontia	50%; \$2,000 lifetime maximum for child; \$1,000 lifetime maximum for adult	50% (deductible doesn't apply); \$2,000 lifetime maximum for child; \$1,000 lifetime maximum for adult	You pay up to \$250 in start-up fees. You may be charged up to \$500 for full bands or \$250 for partial bands. A PCD orthodontist must provide treatment.
Preexisting Conditions	None	None	No coverage for dental procedures started before your participation in this plan.

\* Based on DPO approved fees. \*\* Based on Delta Dental approved fees.

### YOU & YOUR DEPENDENTS MAY USE DIFFERENT DENTISTS

Under both dental plans, you and your dependents may use different dentists. When enrolling in PacifiCare Dental, simply choose the network dentist you want for each family member.

### NEED MORE INFORMATION?

To learn more about the dental plans:

- Attend a Q&A session during open enrollment;
- Check Delta Dental's web page, or find Delta's information through the City's intranet address; or
- Ask your Departmental Payroll/Personnel Assistant for dental plan details.